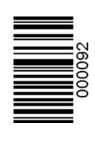


dd / mm / yyyy

## DRUGS QUESTIONNAIRE



Application Number	r:																												
Name of customer applying for cover	r [																												
Date of Birth (dd/mm/yyyy)	[			/			/					]																	
Financial Adviser																													
Are you now using or have you e     proper medical supervision)	ver	us	ed	an	y of	th	e fc	llov	win	g?	(otl	her	tha	an '	for	tre	atı	me	nt	of a	a m	ned	ica	l co	ond	itio	n u	ındı	er
Amphetamines eg 'Ecstasy', 'Ice	e', <i>N</i>	ΝD	M	Α,	'Spe	eec	d', 'l	Jpp	oers	s', e	tc												Y	es		)		No	
Barbiturates eg 'Downers', etc																							Y	es		)		No	
• Cannabis eg 'Hashish', Marijua	na,	'Po	t',	'W	eed"	Ι', ε	etc																Y	es		)		No	
<ul> <li>Hallucinogens eg 'Acid', 'Angel</li> </ul>	l du	st',	, 'H	laze	e', L	.SD	), 'N	Λίςι	rod	ots'	ete	С											Y	es		)		No	
<ul> <li>Herbs eg catnip, poppy, kavak</li> </ul>	ava,	lo	be	lia,	etc																		Y	es		)		No	
Opiates eg Codeine, Heroin, M							ine,	Or	oiur	n, '	Sm	ack	', ε	etc									Y	es		)		No	
<ul> <li>Sedatives eg Diazepam, 'Down</li> </ul>																							Y	es		)		No	
Solvents eg Aerosols, glue, etc.																							Y	es		)		No	
• Others																								es		)		No	
If yes to any of the above questions,	plea	ase	pr	ovi	ide (	det	tails	re	garo	ding	g yo	our	usa	age	e pa	atte	ern	:											
Name of substance		С	Dat	te c	of fi	rst	us	ed			С	ate	e c	ea	sec	d			Fr	eq	ue	ncy	/ 0	f u	se				
	_				mm			УУ.	-			/ n				УУ													
					mm				-			/ n																	
	_				mm mm				-			/ n / n				УУ) \^^	_												
Have you ever injected or used d     yes please provide details including	rug	s ir	ntra					уУ.	ý		a /			• 1		у У )	y y						Ye	es		)		No	
Details																										Da	ite		
																							d	d		nn		/ <sub>)</sub>	/ууу
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Name of doctor, h	nospital or clinic	Address		Da
				dd / m
				dd / m
				dd / m
4. Have you suffered	from any impairment	associated with drug use?		
		use, mental illness etc.?		Yes
If yes please provide	details:			
5. Please provide an	v additional informatio	n which you feel will be beloful in	a processing your applica	tion
5. Please provide an	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
5. Please provide an	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
5. Please provide an	y additional informatio	n which you feel will be helpful ir	n processing your applicat	tion.
5. Please provide an	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
5. Please provide an	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
5. Please provide an	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
	y additional information	n which you feel will be helpful ir	n processing your applicat	tion.
Declaration				
Declaration Please review the a	nswers given in this	questionnaire and then read,	sign and date this decl	
Declaration Please review the a	nswers given in this	questionnaire and then read, of my application for cover to Iris	sign and date this decla	aration.
Declaration Please review the a I agree that this quest I have read over the a	inswers given in this ionnaire will form part inswers to all the quest	questionnaire and then read,	sign and date this declar h Life Assurance plc. t all statements (including	aration.
Declaration Please review the a I agree that this quest I have read over the a down for me) are true I understand that I mu	inswers given in this ionnaire will form part inswers to all the quest e and complete. I under	questionnaire and then read, of my application for cover to Iris ions on this form and declare that rstand a copy of this form is availa	sign and date this declar h Life Assurance plc. t all statements (including able to me if I ask.	aration.  any statem
Declaration Please review the a I agree that this quest I have read over the a down for me) are true I understand that I mu	inswers given in this cionnaire will form part inswers to all the quest e and complete. I under	questionnaire and then read, of my application for cover to Iris ions on this form and declare that rstand a copy of this form is availa	sign and date this declar h Life Assurance plc. t all statements (including able to me if I ask.	aration. any statem

3. Have you ever sought medical treatment or been hospitalised due to drug usage or

